

Jan. 30. 2019 4:28PM

No. 0941 P. 7

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☒ Corporation - List names and addresses of two principal officers.
(Limited Liability Company)Michael Nicholson 150 Drooping Leaf Dr Lexington, SC 29072Tim Quarles 1491 Trinity Dr Columbia, SC 29209

4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

☐ Yes☒ No*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes☒ No*If yes, list dates and nature of convictions below.*

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes☒ No*If yes, list dates and nature of revocations below.*